

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

**IN RE: CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COUNCIL**

October 20, 2020
1:30 P.M.

All Participants Appeared Via Zoom or Telephonically)

APPEARANCES

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CHAIR

Miranda Brown
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(Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

1. Welcome and Introductions
2. Open Enrollment - TAC Members and DMS Staff
 - What is the status of MCO contracts for 2021?
 - What additional incentives, benefits and/or services are being provided by each MCO for 2021?
 - What has changed with the redesigned SSP and relaunch of Kynect?
3. Copay Regulation - TAC Members and DMS Staff
 - What is the status of the copay regulation?
 - How will Medicaid beneficiaries be informed of copay changes?
 - Which copays, if any, is each MCO planning to charge in 2021?
4. 1-2-3 Not Cost to Me Campaign and Coverage for Immigrants - TAC Members and DMS Staff
 - What counties/cities are being targeted? What has the response been from Black and Brown communities?
 - How can individuals not otherwise eligible for Medicaid apply for Emergency Medicaid? Can an application be submitted online or over the phone? Will outpatient services be covered when considered medically necessary, especially those services/treatments related to COVID-19?
 - Why is SSN required on the PE application? Can it be an optional field?
5. SUD and Reentry - TAC Members and DMS/OIG Staff
 - Is there an OIG oversight of "sober living" housing or "recovery residences"? If not, is this something CHFS is working on?
 - If a Medicaid beneficiary is denied housing because they are receiving Medication Assisted Treatment (MAT), can they file a complaint with the OIG? Is there any recourse?
6. Public Charge Rule - TAC Members and DMS Staff
 - Aside from the Public Charge memo posted on the website, are immigrants receiving information directly from CHFS about the Public Charge rule when applying for regular or Presumptive Eligibility (PE) Medicaid?
7. 1915© Waivers - TAC Members and DMS Staff
 - What is the status of the EVV implementation?
 - Do the proposed Home- and Community-Based (HCB)

AGENDA
(Continued)

and Model II (MIIW) waivers allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization and such services are not covered in such settings?

8. ADA guidelines related to making accommodations for disabled individuals to participate in TAC and/or MAC meetings - TAC Members and DMS Staff.
 - What is the status of DMS providing personal assistance, interpretive services, transportation, and overnight accommodations as necessary to ensure full TAC/MAC participation?
9. Recommendations for the November MAC Meeting - TAC Members
10. 2021 Meeting Schedule
 - Third Tuesdays at 1:30 ET: February 16, April 19, June 15, August 17, October 19, December 14
11. Upcoming Meetings
 - MAC: November 19, 10 am. - 12:30 p.m.
 - 2020 TAC Schedule: 1:30 ET on December 15
12. Adjournment

1 MS. BEAUREGARD: I'm Emily
2 Beauregard for anyone who hasn't seen me on one of
3 these calls or maybe before. I'm the TAC Chair.
4 And, Miranda, do you want to introduce yourself?

5 MS. BROWN: I'm Miranda Brown,
6 Outreach Coordinator with Kentucky Equal Justice
7 Center and I'm also a member of the TAC.

8 MS. BEAUREGARD: And we have
9 two other TAC members who aren't currently on. One
10 may be able to join us which would give us a
11 quorum, but for now, I'll just call the meeting to
12 order.

13 We didn't have the minutes on
14 the agenda because I didn't realize that I would get
15 them so quickly. So, Terri, thank you very much for
16 turning those around and we'll put those on the
17 agenda for our December meeting to approve.

18 I also wanted to thank you all
19 for the quick responses to the recommendations that
20 we made at our last TAC meeting. And I didn't put
21 that on the agenda, so, I don't guess there can be
22 discussion there.

23 We really appreciate some of
24 the changes that have been made and the interest in
25 exploring some options for expanding coverage for

1 certain types of immigrants.

2 There were some questions that
3 we had but I guess I'll have to leave that for our
4 December meeting.

5 And I will say, Item Number 8,
6 it still seems like we might be missing each other
7 there, the issue of making accommodations----

8 MS. HUGHES: Emily, you can't
9 go there.

10 MS. BEAUREGARD: I can't even
11 say it if we're not actually conducting business?
12 I'm just making a few comments.

13 MS. HUGHES: You've called the
14 meeting to order. So, the meeting has come to order.

15 MS. BEAUREGARD: All right.
16 I'm not planning on conducting any official
17 business. I just wanted to----

18 MS. HUGHES: I know, but the
19 meeting has to go based upon the agenda.

20 MS. BEAUREGARD: All right.
21 Well, I'll get on the agenda, then.

22 So, we'll go to Item Number 2
23 which is open enrollment and Kynect and we just
24 wanted to know since our last meeting what the
25 status is with the contracts for 2021, if there's

1 been any change there.

2 MS. BATES: No. We will update

3 when we can.

4 MS. BEAUREGARD: Okay. So, I'm

5 assuming that that means the information is still

6 not being sent out or has not been?

7 MS. BATES: That's correct.

8 MS. BEAUREGARD: Okay. Thanks,

9 Stephanie.

10 And I'm guessing the second

11 item is also one that you can't respond to at this

12 point.

13 MS. BATES: I'm not seeing

14 anything displayed on the screen.

15 MS. HUGHES: I'm trying to

16 bring that up, Stephanie.

17 MS. BEAUREGARD: It's just

18 about the additional incentives and benefits.

19 MS. BATES: There's nothing

20 more on that one either.

21 MS. BEAUREGARD: Okay. The

22 third item there was what has changed with the

23 redesigned SSP and the relaunch of Kinect?

24 MS. BATES: And what was the

25 question about that?

1 MS. BEAUREGARD: Just what has
2 changed with the redesigned SSP and the relaunch of
3 Kynect? What will change specifically for open
4 enrollment for members?

5 MS. BATES: So, I can't really
6 talk much about open enrollment. As far as Kynect,
7 it has been launched. I don't know that much
8 changed as far as that goes other than branding type
9 of things. I can check for you. I know that we
10 just did a demo the other day with that; and to my
11 knowledge, for the member going in, nothing should
12 be different other than branding, and Lee might be
13 able to actually answer that further.

14 MS. GUICE: So, I don't have
15 anything I can show you certainly, but the self-
16 service portal, it has been completely redesigned
17 and should be much easier to use, so, much more
18 user-friendly. That is the big reason for the
19 release in October was to release the new self-
20 service portal.

21 The rest of it is the
22 branding. It's a branding moment and it was a good
23 time to release the Kynect brand along with the
24 brand new self-service portal.

25 MS. BEAUREGARD: We are very

1 excited about that. I guess my question was really
2 to get to more of the specific functionality changes
3 and if any questions changed or requirements for
4 people as they are applying or recertifying.

5 MS. GUICE: I never went
6 through the whole self-service portal application
7 before and I've only seen demos on this one and the
8 demos just kind of step through with questions that
9 would correlate with Turbo tax questions versus
10 questions that were for caseworkers.

11 So, I would suggest that if
12 you really want to see it, to actually just go ahead
13 and get a (inaudible) cam and log in and take a look
14 at it. We did not change any of the rules
15 certainly. So, everything should be the same on the
16 inside. Just on the outside, it looks different and
17 it is easier to access.

18 MS. BEAUREGARD: Okay. I am
19 under the impression that I probably can't go
20 through it unless I'm pretending to be eligible for
21 Medicaid. I don't think that you can go through
22 every page without answering questions, and I didn't
23 want to put false information in there.

24 MS. BATES: We'll get with the
25 team, Emily, and see if there's a document available

1 already that shows what the differences are.

2 MS. BEAUREGARD: It would be
3 helpful just because when we tell people that it's
4 simpler, we can't tell them why it's simpler.
5 That's really why I'm asking. I mean, obviously,
6 Application Assistors, Connectors, they have access
7 to that application but other advocates don't.

8 MS. GUICE: There is probably a
9 document or something.

10 MS. BEAUREGARD: But we're
11 happy to see changes that make it easier for people
12 to apply and recertify. So, thank you all for
13 working on that.

14 MS. BROWN: I was just going to
15 chime in as an Application Assistor. I have been
16 able to use it on a few cases so far. There were
17 some kinks in the beginning but I think those were
18 worked out. I do appreciate the design of it and it
19 is a lot more consumer-friendly, easy to look at,
20 easy to navigate and the questions, I think, are
21 worded better.

22 I was kind of wondering,
23 though, as we continue to use the new system, other
24 than just sending an email to KHBE, are there other
25 ways that we can share input on what's working well

1 or not working well on the new system?

2 MS. GUICE: I didn't even know
3 you could send an email to make comments. I'm
4 assuming that you can make comments back through HBE
5 and Tara and Malia.

6 MS. BROWN: Okay.

7 MS. GUICE: I think that would
8 be a good place for it.

9 MS. BROWN: Okay. Thanks.

10 MS. BEAUREGARD: I think we can
11 move on to the next item. Sharley, have you noticed
12 if Patty has been able to join us? I can't see
13 everybody on my screen right now.

14 MS. HUGHES: No. I haven't
15 heard back from her and she hasn't come on.

16 MS. BEAUREGARD: Okay. Thanks.
17 So, the next item is the copay regulation. I'm
18 assuming that the status of the regulation is
19 probably the same. Is it still in a public comment
20 period?

21 MS. BATES: Veronica, do you
22 know that?

23 MS. CECIL: So, actually, the
24 Administrative Reg Review passed it out. It's gone
25 to Health and Welfare Interim Joint, and I believe

1 it's going to be on their agenda this month, so,
2 next week. It's always hard to know and predict
3 what a committee member is going to say, but I think
4 we feel fairly comfortable that there's at least
5 enough support that it won't get stalled.

6 And I do believe in our
7 responses in response to the recommendations, we
8 also provided an update on the fact that it's going
9 to be \$1 for certain services. Once you pay the
10 dollar once, that you've met the copay obligation.

11 MS. BEAUREGARD: We appreciate
12 that, and I think that's probably the best solution
13 for now. And, hopefully, during the next
14 Legislative Session, we can get a more permanent
15 solution.

16 With the prescription drugs, I
17 know when these copays were being charged, in
18 particular, last year when they were mandatory,
19 there was an issue with a lot of pharmacies not
20 being able to see if someone had paid or what their
21 income was. Is that going to be an issue?

22 They don't use the same system
23 apparently that other provider offices do. And, so,
24 we're still turning away people even though they
25 were under 100% of the Federal Poverty Level or

1 perhaps had already met that 5% income threshold. I
2 know that that wouldn't apply necessarily in this
3 case, but I was just wondering if there's any
4 concern about pharmacies now turning people away?

5 MS. CECIL: I'm not really
6 aware of that issue but I'm happy to take that back
7 and see if we can provide additional guidance or
8 make sure that it's evident and clear. I did not
9 know that they didn't have the ability to see.

10 MS. GUICE: Pharmacies have the
11 point-of-sale. So, it's kind of an automatic
12 adjudication behind the scenes to check just for
13 eligibility and whether or not the copay indicator
14 is there. So, I'm not sure that was ever settled
15 completely. We do certainly have the ability to
16 make changes and call pharmacies whenever possible.

17 MS. BEAUREGARD: My hope is
18 that for \$1, they might just waive it.

19 MS. BATES: The eligibility
20 file still - the true eligibility file is still
21 available for the PBM who is supplying the
22 information to the pharmacies to get to the pharmacy
23 and they do use a different system since it is a
24 point-of-sale system, however, they get the right
25 information.

1 The problem with that was the
2 NCPDP file, Lee, at the time didn't have I think a
3 field for something. I can't remember exactly what
4 it was, but it's my understanding that's been
5 resolved.

6 MS. GUICE: Excellent.

7 MS. BATES: We'll check but I'm
8 pretty sure that's been resolved. And, then, back
9 to your point, Emily, we still are pretty confident
10 that a lot of MCOs are going to go ahead and waive
11 and, then, also it is \$1 one time only, so, there's
12 that.

13 MS. BEAUREGARD: Right. You
14 don't know yet if MCOs are planning to waive? They
15 haven't made that clear?

16 MS. BATES: We're not there
17 yet, no.

18 MS. BEAUREGARD: Gotcha. And,
19 then, as far as beneficiaries being informed, that
20 is probably also something that is on hold with open
21 enrollment or is that going to be a separate effort?

22 MS. CECIL: It is a part of
23 open enrollment but the regulation is still going
24 through the process. So, once it becomes final,
25 then, we will submit a notice.

1 We're also, though, very
2 sensitive to the fact that we don't want to confuse
3 members that right now there are no copays. So,
4 we're just going to have to figure that out.

5 MS. BEAUREGARD: Okay. So, no
6 plan yet but something that you're considering.

7 MS. CECIL: Of course.

8 MS. BEAUREGARD: Miranda, do
9 you have any questions before I move on?

10 MS. BROWN: Is open enrollment
11 being delayed, then?

12 MS. BATES: No, not at this
13 time.

14 MS. BEAUREGARD: All right.
15 Let's move on to the 1-2-3 No Cost to Me Campaign
16 and Coverage for Immigrants.

17 I think last time we had asked
18 about specific counties or cities being targeted and
19 if there was just any information that you could
20 share about the results.

21 MS. CECIL: Emily, my
22 apologies. I had asked for this information and
23 then did not forward it on. So, no wonder you
24 didn't get it.

25 The counties that were

1 targeted in the African-American population were -
2 and I'll send this - were Jefferson, Madison,
3 McCracken, Christian, Fayette, Campbell and Warren.

4 And, then, we also had a
5 specific campaign for the Hispanic population and
6 those counties were Daviess, Jefferson, McCracken,
7 Christian, Fayette and Kenton Counties.

8 I got the anecdotal the
9 response has been positive. They are still
10 evaluating that. So, they were supposed to provide
11 me with whatever report is being generated as a
12 result.

13 So, I don't have that yet but
14 they felt like - first of all, we appreciate the
15 Assistor community. I think they are playing a
16 fantastic role in helping us, but we did contract
17 with a minority firm that is doing outreach as well
18 and that's why I think they feel like it's been
19 pretty successful in at least getting the
20 information out to communities or populations that
21 we don't normally get to touch or reach.

22 So, as soon as I have more
23 information about actual data on what the outcome
24 looks like, we'll definitely pass it on.

25 MS. BEAUREGARD: Okay. That

1 would be great, and thanks for the list of counties.
2 People have asked a lot of questions about where
3 it's happening, and some people aren't really seeing
4 the signs because they're not living in those
5 targeted counties.

6 MS. BROWN: I noticed on the
7 signs, on the graphics that you're putting out, it
8 gives the DCBS phone number for people to call and
9 it says specifically, it says no cost to me and that
10 it's for Medicaid, or maybe it doesn't say the word
11 Medicaid, but for coverage for three to six months.

12 And, so, it seems like it's
13 specifically talking about the PE coverage, and I'm
14 wondering if somebody calls the DCBS number and
15 says, tell me about this 1-2-3 No Cost to Me, are
16 they, then, screened for regular Medicaid or a
17 qualified health plan? Like, are they talked
18 through other options besides just the presumptive
19 eligibility because it's a short-term answer?

20 MS. CECIL: No. All the
21 options are explored. They should be. That's the
22 expectation.

23 MS. BROWN: Okay. Thank you.

24 MS. BEAUREGARD: I remember at
25 one of the Health Benefit Exchange meetings being

1 told that Application Assistors should be looking
2 for regular Medicaid eligibility, but hopefully
3 that's being explained to the individual when
4 they're being enrolled in one of the other. I'm
5 assuming that the ADDs are just trying to keep it as
6 simple as possible.

7 With the presumptive
8 eligibility expansion that we have right now during
9 the state of emergency, that's tied to the federal
10 Health and Human Services' state of emergency, is
11 that right, or public health emergency which has
12 just been extended from October 23rd for another
13 ninety day.

14 So, is there a plan to just
15 continue to go with that deadline and continue
16 expanding PE out as long as that federal health
17 emergency?

18 MS. CECIL: Yeah. I mean,
19 definitely we are following along with the public
20 health emergency and plan to keep all the expansions
21 and flexibilities in place.

22 Just to be candid, there is
23 still just the two PE periods. This, as you know,
24 gives them six months, and anybody that exhausted
25 their two-year period this year, come January 1,

1 they'll get another two. So, that will hopefully
2 get them through the rest of the----

3 MS. BEAUREGARD: You were
4 reading my mind. That was going to be my next
5 question. I thought that it was calendar year but I
6 wanted to clarify that.

7 And, also, with the Health
8 Benefit Exchange, the only answer that we've ever
9 gotten is that it's unknown.

10 And, so, I think that does
11 leave some uncertainty for people as is this going
12 to end to some point? You know, if they're told
13 it's going to be sixty to ninety days or even
14 longer, up to six months, can they rely on that
15 coverage lasting that long once they're enrolled?

16 MS. GUICE: Yes, because it
17 says so on their card.

18 MS. BEAUREGARD: As long as
19 their card has that date.

20 MS. GUICE: It has the
21 expiration date on their card.

22 MS. BEAUREGARD: Okay. I think
23 there's a little bit of anxiety about something
24 changing at the federal level that would impact
25 this.

1 MS. CECIL: We can really never
2 predict what CMS is going to do; however, I do think
3 in terms of PE and your term of eligibility, I think
4 we feel pretty confident that that would not be
5 impacted.

6 And keep in mind, we have to
7 wait for CMS to give us guidance and that's not
8 coming anytime soon.

9 MS. BEAUREGARD: No. I know.
10 That's why I said it gives us anxiety because----

11 MS. CECIL: But at least for
12 the PE period, I cannot imagine a scenario when CMS
13 would say if somebody started their PE period in
14 February and the public health emergency ended, that
15 their eligibility ended. They would get the PE
16 period.

17 The biggest concern for us
18 that I'm sure you all share is that what happens for
19 all of the recertifications that have been put on
20 hold and, then, what will be the process and how
21 much time will we have, the State have available to
22 get that back up and going.

23 So, we're in the same position
24 as you all, just waiting for guidance from our
25 regulatory authority to see what it is that we're

1 going to have to do.

2 MS. BROWN: So, if somebody
3 enrolls in PE in November, their three months would
4 be up at the end of January. So, is it across a
5 calendar year like that? Is that accurate, that
6 their PE would go through January?

7 MS. CECIL: That's correct,
8 yes. It would be three months.

9 MS. BROWN: And, so, if they're
10 only allowed to have two PE enrollments in a year,
11 if they had coverage in January for PE and, then, it
12 gets renewed for another three months, does that
13 count as two PE enrollments even though it's only
14 four months?

15 MS. CECIL: Lee, do you know
16 the answer to that question? I would assume it's
17 not counted toward the two during the whole calendar
18 year but I'll defer to Lee.

19 MS. GUICE: Okay. I was just
20 trying to send a text on this. Actually, we just
21 had a meeting about this Friday of last week. For
22 the second PE period - not the second. For all PE
23 eligible members whose PE term would cross, so,
24 across the calendar year, we're going to end date
25 them on December 31st to give them an opportunity

1 because, yes, it would count as one of their PE
2 periods if it crossed over, even if it was just a
3 month. So, we're going to give them an opportunity
4 to apply again in January with a clean slate.

5 MS. BROWN: Okay. Thank you.
6 That's really helpful to know.

7 MS. BEAUREGARD: So, Lee, if
8 someone were to apply on December 1st, let's say,
9 would their PE period end on December 31st or would
10 that go into January?

11 MS. GUICE: I'm thinking about
12 that. I think they will likely cross the calendar
13 year because that's just thirty days. So, they'll
14 have a longer period of time in PE than without. I
15 think that's what we're doing. I'd have to go back
16 and look at my notes.

17 MS. BEAUREGARD: That would be
18 good to clarify. Thank you.

19 MS. BROWN: Yes. I'm glad to
20 get clarification on that. And once you all have
21 completely decided to make sure on the answer to
22 that, is that going to be shared out with all the
23 Application Assisters?

24 MS. GUICE: I really don't
25 know. I really don't know how that works, to be

1 quite honest with you. So, I'll have to check with
2 Malia.

3 MS. BROWN: Okay. It just
4 would be in helping people understand, like, should
5 I apply now or should I wait to apply. I try to
6 make sure that people are making informed decisions.
7 So, that would be super important to Application
8 Assistants. Thank you.

9 MS. BEAUREGARD: Miranda, we
10 could make that one of our recommendations.

11 The other item was specific to
12 Emergency Medicaid. There was some response to
13 that, to our last recommendation about expanding
14 Emergency Medicaid to outpatient services and also
15 being specific about treatment options for COVID-19.

16 So, it sounds like DMS is
17 going to explore some of those options. Is this
18 something that we could put on the next agenda and
19 maybe get more feedback from DMS on what is being
20 considered? Our meeting is December 15th, by the
21 way.

22 MS. HUGHES: I would suggest
23 you do that is to put it on the agenda.

24 MS. BEAUREGARD: Okay. And
25 also to explore ways of just making the information

1 more available to the public. Miranda, I think
2 you've been working on something. That may be worth
3 sharing with DMS before December 15th if you think
4 the timing will work out.

5 MS. BROWN: Yes. So, we have
6 an English draft of a brochure on Emergency
7 Medicaid. We wanted to kind of fill out some of the
8 language a little bit more and having a Spanish
9 translation to help us do that so we could run it by
10 you. We wanted to see how they feel about the way
11 we word it, so, that's what is holding us up, but I
12 think before December 15th is a reasonable time.

13 MS. BEAUREGARD: Yes. Inasmuch
14 as we can align the information that we're sharing
15 and DMS is sharing I think the better.

16 The last question under that
17 item is about the Social Security number required on
18 the PE application, and, Miranda, I'll let you kind
19 of expand on that.

20 MS. BROWN: I'm an Application
21 Assister and able to help people apply for PE; but
22 if somebody goes to Kynect themselves and finds the
23 public-facing presumptive eligibility application,
24 if you go there, whether it's in English or Spanish,
25 it asks for very basic information - your name and

1 your Social and your income and number of people in
2 your household, right?

3 The Social Security number is
4 not needed to determine if someone can get a
5 presumptive eligibility application. As an
6 Application Assister through Kynect, I'm able to
7 submit those applications without Social Security
8 numbers - no problem.

9 But on the public-facing
10 form that any individual can find themselves, it is
11 a required field to enter your Social Security
12 number. So, people aren't able to do the
13 application on their own if they don't have a Social
14 Security number.

15 And, so, I think that it could
16 be a barrier to people who really need coverage
17 right now who can't get it any other way to not know
18 that they can get coverage without filling out that
19 field.

20 MS. BEAUREGARD: I would just
21 add that I don't think that most people, if they
22 encounter that field and they can't fill it out, I
23 don't think most people would know that they could
24 get assistance from a Connector or from someone at
25 DCBS to submit the application without it.

1 MS. GUICE: So, you're talking
2 about the form that's just out on the website?

3 MS. BEAUREGARD: Right.

4 MS. GUICE: Okay. I had not
5 heard that that was a barrier and have heard no
6 complaints about it whatsoever. So, that's a first
7 for me to know. We probably required it because, in
8 the end, it is a Medicaid eligibility requirement
9 but I would say not for presumptive eligibility.
10 So, let me take a look at that form.

11 MS. BEAUREGARD: We understand
12 why you have to ask for it, Lee, and we're just
13 thinking that the requirement which the little star
14 could be removed.

15 MS. BROWN: Right. Currently,
16 if you leave it blank, you can't move to the next
17 screen.

18 MS. BEAUREGARD: And my guess
19 is that people aren't complaining about it because
20 they just assume that they're not eligible and
21 wouldn't think to complain, would just be
22 discouraged from trying to apply, and Application
23 Assistants aren't complaining about it because they
24 know how to get around it.

25 MS. BROWN: Well, they don't

1 have to use that form.

2 MS. BEAUREGARD: They don't
3 have to use it. That's what I mean.

4 MS. BROWN: A few weeks ago, I
5 did have to use the form because my account wasn't
6 working and it's fixed now, of course, but I had to
7 use it for several cases and I realized it was just
8 impossible. I even was able to work around it by
9 entering ones or zeros or something but, then, the
10 application didn't wind up going through anyway.
11 So, it still didn't work. I was able to test that
12 out, but, yeah, I think ideally that requirement
13 would be removed. So, I appreciate you looking into
14 it.

15 MS. HUGHES: Just so you know,
16 Arthur has joined the meeting. Patty is on but for
17 some reason, she's not able to join through the
18 link. So, she has called in. So, I'm glad Arthur
19 has joined because since she can't get on, she has
20 to be visible to be counted as present but Arthur is
21 here now.

22 MS. BEAUREGARD: Great. Thanks
23 for joining, Arthur. We are going to the next item
24 on the agenda, Item 5, SUD and Reentry.

25 So, the first item there is

1 OIG oversight of sober living housing or the term
2 recovery residences is also used. We had asked at
3 the last meeting if there was any oversight and what
4 that oversight was, and, then, if this is something
5 that the Cabinet is working on.

6 MS. HOFFMANN: This is Leslie.
7 I'll go ahead and answer. So, I was asked to answer
8 these questions. However, some of these initiatives
9 are in DBHDID but we work closely together. So, I
10 checked answers with them, and if you need
11 additional information, I have contacts for you.

12 So, as far as OIG oversight,
13 there is no specific OIG oversight regulating the
14 recovery housing. I did ask and they said that they
15 are providing housing and a place to live, not
16 necessarily health care. So, OIG would not regulate
17 those.

18 And, then, on the DBHDID side,
19 if I can explain this, so, they receive opioid
20 crisis funds. The opioid crisis funds are funneled
21 through their program called KORE. KORE has funds
22 that are funneled to recovery housing and they are
23 pursing any provider that receives those funds,
24 become NARR, what they call NARR certified. It's
25 N-A-R-R and I may be not pronouncing that correctly

1 but that's the acronym - N-A-R-R. And the NARR,
2 it's related around national standards, best
3 practice, what level of supervision a person might
4 need and level of support and a collaborative
5 approach to the person living in that residence.

6 So, if there's funds going to
7 the residence, the recovery residence, then, they
8 are having the providers to pursue that, if that
9 makes sense.

10 So, Michelle Kilgore is
11 actually over the KORE piece that looks at recovery
12 housing, and Jonathan Philpot, and that's
13 P-h-I-l-p-o-t, is actually the person who is the
14 NARR Program Administrator. So, I wanted to give
15 you those two names if you need it, and I have their
16 email addresses if you need those as well.

17 MS. BEAUREGARD: That
18 information would be helpful. Are you saying that
19 only through this program would there be any
20 oversight of the recovery residences?

21 MS. HOFFMANN: It's my
22 understanding if they receive no Medicaid funds and
23 they receive no federal funds, there's no oversight
24 as anything different as Emily owning a residential
25 facility and having folks to live there and there's

1 rules that you might establish as yourself.

2 MS. BEAUREGARD: So, is there
3 another Cabinet that would be responsible for this
4 because what's falling through the cracks, I think,
5 is that individuals, particularly individuals
6 receiving medication-assisted treatment, have been
7 denied housing because of that and what are they to
8 do.

9 MS. HOFFMANN: Right. I did
10 check on that. So, as far as filing a complaint
11 with OIG, of course, since OIG doesn't regulate it,
12 it wouldn't be appropriate for them to receive the
13 complaint.

14 I also checked with DBHDID and
15 the KORE grants require the residences receiving the
16 KORE funds again to accept MAT. So, it's any place
17 that you see the Cabinet has got some oversight or
18 regulatory authority, they are trying to push all
19 those initiatives, and most of those initiatives
20 looks like it's related to that NARR certification
21 which is a national level.

22 NARR actually - I wanted to
23 mention this. NARR actually does not require that
24 they accept MAT, however, NARR is currently
25 promoting. So, it's a growth. Residential right

1 now, especially for the opioid crisis and in other
2 areas that I've been working on, is just a huge need
3 right now. So, everything seems to just kind of be
4 growing.

5 So, I noticed that the NARR is
6 now promoting that as well and our Kentucky Opioid
7 Response Team is wanting to pursue that NARR
8 certification. So, I feel like it might have more
9 oversight in the future, but right now, if they're
10 not receiving Medicaid or federal funding, there's
11 not a lot of oversight as to what they can require
12 and not require of a person.

13 As far as fair housing goes, I
14 think you can't regulate a residence based on a
15 disability or an impairment. So, that's kind of
16 where we are with this, but I can get additional
17 information if you want it.

18 MS. BEAUREGARD: That would be
19 helpful.

20 MS. HOFFMANN: Or if you would
21 prefer - I didn't know what the rules were around
22 this TAC. I'm sorry. This is the first time I've
23 been in on this TAC - but if you would like for me
24 to have one of them come. Michelle or Jonathan
25 seemed more knowledgeable about the specifics of the

1 NARR which he's the Program Administrator.

2 MS. BEAUREGARD: If you could
3 invite them to the December 15th meeting that we
4 will schedule - I know we have to do it as a special
5 meeting - that would be great. I think it would be
6 helpful to get some more questions answered.

7 And I'll explore with our
8 partners of the Homeless and Housing Coalition if
9 there's another avenue we can go outside of the
10 Cabinet for Health and Family Services, but----

11 MS. HUGHES: Emily - I'm sorry.
12 Go ahead.

13 MS. BEAUREGARD: I was just
14 going to say this is a real issue for people. And
15 as I'm thinking about the 1115 waiver amendment that
16 you're working on and making it successful, people
17 being released from incarceration, reentering their
18 community and needing stability, this is just such a
19 critical piece.

20 MS. HOFFMANN: True. It seems
21 like everything I'm working on here lately seems
22 like there's a need for housing piece. So, we are
23 in the 1115, just to let you know - thank you and
24 I've spoken about this - we are asking that the MCO,
25 that in that thirty days prior to release, go ahead

1 and start helping or assisting with residential
2 placement or at least the applications or to
3 schedule appointments for when they come out.

4 So, we've tried to start
5 looking at that. I just mentioned that earlier
6 today. Everything that I'm dealing with here lately
7 is just we need housing, we need residential care.

8 MS. HUGHES: Emily, I would
9 suggest that instead of having them come to your
10 December meeting, Leslie said she could give you
11 their contact information. Go ahead and contact
12 them. Since that is non-Medicaid, it would be
13 better for you all to do that through them and it's
14 not considered as part of the TAC business if you
15 contact them through email, if you just go ahead and
16 contact them.

17 MS. BEAUREGARD: I think in
18 this case, Sharley, the NARR program is specifically
19 tied to funding that is for Medicaid beneficiaries,
20 if I understood Leslie correctly and that these are
21 individuals who are Medicaid beneficiaries. That's
22 what we're talking about.

23 I mean, obviously, you don't
24 have to have Medicaid to be on MAT or to need
25 housing, but in this context, Medicaid beneficiaries

1 who are receiving MAT and are having trouble with
2 housing; and if the NARR guidelines or requirements
3 are addressing some of those issues, I think that
4 would be relevant to this TAC, although I understand
5 now that the OIG oversight isn't something that we
6 can continue to pursue. Am I understanding
7 correctly, Leslie?

8 MS. HOFFMANN: Yes. On the
9 OIG, it's because these residences are providing a
10 place to live in OIG's eyes, not necessarily health
11 care.

12 Now, I know folks that are on
13 this call that have been involved with members who
14 are in opioid crisis may feel differently and I
15 understand that but that's where their standing is,
16 is that they would not have oversight or regulatory
17 authority over them.

18 MS. BEAUREGARD: Obviously, the
19 MAT piece, whether you're denying MAT or you're
20 helping to administer MAT, I think that's where
21 there's a little bit of a connection. If the OIG
22 doesn't think that they have the ability to regulate
23 it, I believe that they probably know better than I
24 do. I do think that there may be another Cabinet we
25 can probably go to to address that.

1 MS. BEAUREGARD: We just
2 finished talking about housing. I don't think we
3 need to have any more discussion there unless any
4 other TAC member has a question or a comment.

5 Let's move on to the Public
6 Charge Rule. This is something that we have
7 discussed previously, and the question that I wanted
8 to ask is, aside from having that memo published,
9 are immigrants receiving any information any other
10 way if they weren't to go to the website and see the
11 memo? Is that information being shared with them
12 when they are enrolling so that they know what their
13 options are?

14 MS. CECIL: Emily, I wasn't
15 sure if Lee was still with us.

16 MS. GUICE: I'm here. I'm
17 sorry. Just getting off mute. No, that information
18 is not being shared. I think we talked before
19 certainly about that Medicaid did not want to
20 require DCBS to try to talk about the Public Charge
21 Rule and to give any advice that might be
22 misconstrued.

23 MS. BEAUREGARD: Right,
24 certainly not advice - I would agree with that -
25 just informational so that people can make a more

1 informed decision.

2 MS. GUICE: Well, I think that
3 we are trying to rely on the community partners
4 about that.

5 MS. BEAUREGARD: Okay. So,
6 when Connectors or DCBS workers are doing
7 enrollment, that's not going to happen.

8 MS. GUICE: Not that I'm aware
9 of, no.

10 MS. BROWN: I just have a
11 question about that as well. I look at the memo all
12 the time, the memo that was put out in April. I use
13 it when I'm talking to other advocates and other
14 people in the community who are helping people. I'm
15 always sharing it.

16 It's like a really quick
17 checklist of what's important to know and to
18 communicate to immigrants about Public Charge and it
19 has on it how to find an immigration attorney and
20 where to get actual advice so that we aren't put in
21 a position of providing that advice.

22 So, I use it all the time and
23 I'm really grateful for it, but I'm wondering was
24 that memo shared with DCBS workers who take phone
25 calls just so that they know that it's there and can

1 read from it to immigrants who call about their case
2 or about applying because I think it would be a
3 really great tool for DCBS workers?

4 MS. GUICE: It wasn't shared
5 that I'm aware of.

6 MS. BEAUREGARD: I'll just add
7 that, in particular, with coverage for kids and kids
8 who are living in maybe a mixed status household, I
9 know that the Governor is very committed to getting
10 kids covered, has stated that publicly multiple
11 times.

12 We have seen during the last -
13 from 2016 to 2019, there was a report just put out
14 by Georgetown Center for Children and Families that
15 showed there was a decrease in enrollment, well, not
16 Medicaid enrollment. Ten thousand more kids in
17 Kentucky were uninsured.

18 I think we can assume, and
19 soon we'll have data on like income for that
20 population, but I think we can assume that many of
21 them, if not most of them, are eligible for Medicaid
22 or KCHIP and some of them are probably in mixed
23 status households, immigration.

24 And if their families could be
25 reassured that their children were eligible and that

1 it wouldn't affect their immigration status, I think
2 that they would be much more likely to enroll their
3 kids. And while community partners can do some of
4 that, we may not get to everyone.

5 So, just as far as messaging
6 goes, I do think using it not so much to advise
7 people but to encourage people to be informed, to
8 know their rights and to not be afraid of enrolling
9 their kids in particular in coverage, I think it
10 could help us meet that goal.

11 MS. BROWN: And just to add to
12 that, that if an applicant is applying, for
13 instance, for their kids and has a question for a
14 DCBS worker about Public Charge, for the DCBS worker
15 to be able to say, like, well, this is what Public
16 Charge is and I can't give you advice but here is
17 where you can go to get advice, even that
18 information just so that all the DCBS workers who
19 might have to field those questions had that to go
20 on, I think that would be extremely helpful.

21 And just the few that I have
22 been able to talk to, they said they didn't even
23 know what Public Charge was, and I think this would
24 be a real big help for those people that we are
25 working with.

1 MS. CECIL: I think it's fine
2 if you guys want to make a recommendation, that
3 there's a little more proactiveness. As Lee said,
4 we're just not 100% sure how the DCBS social workers
5 have been instructed around this, and we're happy to
6 go back and ask that question.

7 MS. BROWN: Thank you. The
8 ones that I talked to haven't heard anything about
9 Public Charge, but I think if you can ask that
10 question and can encourage the sharing of just that
11 basic information of what's in the memo, it's a very
12 good summary of what's important to know and to
13 share, and I think I would like to make that a
14 recommendation.

15 MS. BEAUREGARD: I think that's
16 a good idea. So, we'll make a recommendation at the
17 end of the agenda.

18 Moving on to the next item if
19 there's no other conversation about Public Charge,
20 1915(c) waivers. I'm glad Arthur was able to join
21 us. The first question is the status of the EVV
22 implementation.

23 MS. HUGHES: Pam, are you still
24 on?

25 MS. SMITH: I am. So, training

1 is in full swing. We are going to provide - and,
2 hopefully, this week, the announcements will go out
3 - some additional type Q&A type sessions where we'll
4 just open it up and individuals can come in and
5 we'll answer questions after they view the training,
6 as well as us creating the Kentucky-specific guide.

7 October 30th registration will
8 open. So, the providers will begin registering
9 their employees. The member loads and the prior
10 authorization and providers have already been loaded
11 into the Tellus system and those updates are already
12 happening regularly to them. So, all of that is
13 already in production.

14 November 9th, we actually have
15 a few agencies that are going to go live, a pilot
16 group, and, then, November 17th is the soft go live.
17 So, any provider at that point can come into the
18 system and can use it either for a few of their
19 recipients or all of their recipients.

20 They can start out just by
21 scheduling and getting comfortable with that, or if
22 they want to use it beginning to end, they can use
23 the system. It will be fully functional and they
24 can use that ahead of the mandatory January 1 date.

25 MS. BEAUREGARD: Thanks, Pam.

1 Are there any questions? The only question I have
2 is just if there's a way for people to submit
3 feedback or problems, to report problems that they
4 are having and how that is going to be communicated.

5 MS. SMITH: So, we met with
6 Tellus' Call Center staff yesterday and actually
7 asked them for a couple of more pieces of
8 information, but we'll be putting something out that
9 basically is a kind of who-to-call list. So, at
10 this point, I'm stuck or I need my password reset,
11 those types of things, that we'll guide individuals
12 on the best number to call and what their escalation
13 path is if they're having trouble.

14 So, that is in the works right
15 now and will be coming out very soon, hopefully by
16 next week at the latest.

17 MS. BEAUREGARD: Okay. Great.
18 Can you remind me? I think this may have been
19 covered in one of the focus groups that you
20 conducted, but if there's a problem with the system
21 but the provider is there, can services still be
22 rendered?

23 MS. SMITH: So, there's two
24 options. So, they can either - if the system will
25 let them, they can still load the visit even if

1 they're offline because there's that offline
2 capability, but also the system administrators have
3 the ability to go in and they can manually enter
4 that visit.

5 And we fully expect when we
6 first start using it that there's going to be times
7 where people just simply forget or they may log in
8 but they forget to clock out. And, so, the system
9 administrators are being trained exactly on how they
10 need to enter those visits but they can provide the
11 service still.

12 MS. BEAUREGARD: Okay. Thanks.
13 So, then, the next item I think was actually
14 answered in the response to our last recommendation,
15 but it looks like you did include what was in that K
16 - what's it called?

17 MS. SMITH: Appendix K, yes.
18 So, we did. It's in the waivers that are out there
19 for public comment right now.

20 MS. BEAUREGARD: Great. Thank
21 you for doing that. Are there any questions or
22 comments about that?

23 The next item on our agenda is
24 the ADA guidelines related to making accommodations.
25 And while this was addressed again in the responses

1 to our recommendations, I had actually forgotten
2 that this was, in fact, on our agenda today. So, I
3 guess we can talk about it.

4 The last response to the
5 recommendation that we made in September which was
6 to have a policy outlining these accommodations and
7 the process someone needed to go through in order to
8 get interpretive services, transportation or
9 overnight accommodations.

10 The response still is
11 inadequate. It's not what we're asking for and it
12 was specific only to travel. We're talking about
13 interpretive services and personal assistance in
14 addition to the travel. So, I'm not really sure
15 where we're missing each other.

16 MS. HUGHES: Interpretive
17 services is a requirement of the ADA guidelines.
18 So, that's an automatic that we would provide that.

19 MS. BEAUREGARD: So, does that
20 mean that you've been reimbursing Arthur for
21 interpretive services this whole time or have
22 offered him a way to be reimbursed?

23 MS. HUGHES: I know that for
24 Arthur that Pam worked on something with him. I
25 don't know. I think we've discussed it----

1 MS. CECIL: So, I don't think
2 we should talk about individuals.

3 MS. HUGHES: No. I agree.

4 MS. CECIL: So, in general,
5 Emily, if somebody has an ADA request, they need to
6 make the request and, then, we work with them on
7 whatever the need is and to see if it's reasonable
8 and if we can accommodate. So, we're trying to
9 figure out what's missing from the fact that any
10 member can ask for an accommodation.

11 MS. BEAUREGARD: That hasn't
12 been our understanding that there's a process in
13 place for someone to ask. I mean, I understand what
14 you're saying, that if someone were to bring it up.

15 One, I think not everyone
16 knows that those accommodations will be made or that
17 reimbursement would be provided, but I also think
18 that people don't know what steps to go through to
19 get that. And, so, it's just not written out
20 anywhere. That's why we're asking for a policy that
21 outlines what someone is to do in order to get those
22 accommodations made.

23 MS. HUGHES: Emily, in one of
24 the responses we gave last year, we provided the
25 process that if any TAC member needs any special

1 accommodations, all they have to do is contact me
2 and I provided my information.

3 MS. BEAUREGARD: And that was
4 still not really a process that could be used not
5 only for TAC but for any advisory committee. We're
6 talking about this as any advisory committee, any
7 role that someone has on an advisory committee, that
8 they have a process in place where they know how
9 they can get these accommodations and what will be
10 covered, especially when we're recruiting members
11 for these positions.

12 I think a lot of people assume
13 that they won't be able to participate because it
14 would be too costly, not realizing that
15 accommodations would be provided and covered.

16 MS. COLLINS: And, Emily, may
17 I? This is Camille?

18 MS. BEAUREGARD: Yes,
19 absolutely.

20 MS. COLLINS: So, when we've
21 been talking about this for it seems like about two
22 years that what Emily just said was a big part of
23 it.

24 We had heard from other TACs
25 where statutorily it's required to have a person

1 with a disability or a Medicaid recipient as a
2 member, and they had indicated that they were having
3 trouble finding people who could make this two-hour
4 meeting. It's a longer trip.

5 And, so, some of the
6 accommodations might even fall outside like the
7 state travel regulation if you're only going to a
8 two-hour meeting, but they may require that
9 accommodation.

10 What you could argue would
11 fall under the ADA to attend; but if the problem is
12 that people don't know what they will be provided,
13 we were thinking it would be a good recruitment
14 tool, like Emily indicated, because if you want
15 people with disabilities to be a part of the
16 conversations and you want Medicaid recipients to be
17 part of the conversation, providing them with all
18 the information of how you want them to be involved
19 and this is what we'll do to ensure that your voice
20 is heard.

21 So, I think that's a big part
22 of it, just letting people know because I know of
23 one person who was appointed to one of the TACs, and
24 she told me this information after she was no longer
25 on the TAC, but it was very difficult because of her

1 disability to make the couple-of-hour trip for only
2 a couple of hours; but if she had known, she could
3 have gotten an overnight accommodation and she
4 certainly would have stayed on the TAC and been able
5 to participate.

6 So, it's really, we felt like,
7 a recruitment tool and just a clear policy so that
8 people with disabilities know what will be provided
9 to them.

10 MS. HUGHES: I have not had any
11 TAC member on any TAC that has requested any form of
12 special accommodations at all through me.

13 MS. CECIL: So, I understand
14 what you're asking for and we will do a better job
15 of posting a notice to make sure that TAC members
16 feel comfortable for reaching out.

17 Again, every accommodation is
18 going to be individual but we'll make it clear that
19 there is a process. It's to reach out to Sharley
20 and we'll take a look at what the request is and
21 ensure that we're in compliance with ADA.

22 MS. BEAUREGARD: We appreciate
23 that. I mean, this is a conversation, like Camille
24 said, that we've been having for over a year at
25 least which is why it's frustrating.

1 And we're not asking about
2 accommodations be made for everyone, just for those
3 who need it, but I think what is difficult here, we
4 understand that Sharley is willing to make these,
5 but the Cabinet staff have said accommodations can
6 be made. Sharley is willing to do that on an
7 individual basis, but people aren't aware of what
8 accommodations.

9 And the message that I think
10 they receive is that we'll reimburse you for travel
11 because that's the voucher that people get or the
12 form that people get to fill out.

13 And in our early
14 conversations, the only thing that kept coming up
15 was travel reimbursement and the accessibility of
16 the building, and we're trying to just get a little
17 bit more in writing about personal assistance,
18 interpretive services and at times overnight
19 accommodations if that's necessary because it just
20 isn't written anywhere that those are things that
21 could be covered or provided for.

22 INTERPRETER FOR MR. CAMPBELL:
23 He said that he will have something prepared for the
24 next meeting.

25 MS. BEAUREGARD: Okay. Thank

1 you. We'll put that on the agenda again. Veronica,
2 do you think we need to make this as another
3 recommendation? I feel like we're kind of a broken
4 record, and if we are planning on responding to it
5 anyway, we may not need to take it back to the MAC.

6 MS. CECIL: No, I don't think
7 you need to make another recommendation.

8 MS. BEAUREGARD: Okay. Thanks.
9 Any other conversation about that before we move on?

10 So, the next item is making
11 recommendations for I put September MAC meeting
12 which was a typo or I updated our last agenda and
13 didn't change that but this would be for the
14 November meeting.

15 The ones that I wrote down
16 would be to provide some sort of guidance to
17 pharmacies related to Medicaid copays, to share any
18 changes in PE periods or end dates with Connectors,
19 and, then, for DCBS workers and Connectors to have
20 talking points on the Public Charge Rule for
21 reference when asked questions.

22 Are those items that people
23 want to make as recommendations?

24 MS. BROWN: Those, and I had
25 one more; that the Social Security number not be a

1 required field on the public-facing PE application.

2 MS. BEAUREGARD: All right.

3 Any others, Arthur or Patty? Okay.

4 So, I will read through these
5 each separately and we can take a vote. So, the
6 first recommendation would be for DMS to provide
7 guidance to pharmacies related to Medicaid copays.
8 Do I need to be more specific about turning people
9 away?

10 MS. HUGHES: You need to be
11 kind of specific, yes, in your recommendations.

12 MS. BEAUREGARD: Let's see.
13 How would we word this? So, that DMS provide
14 guidance to pharmacies related to charging Medicaid
15 copays and rules around turning Medicaid
16 beneficiaries away for inability to pay. So, can I
17 get a motion for that?

18 MR. CAMPBELL: I make that
19 motion.

20 MS. BROWN: I second.

21 MS. BEAUREGARD: All in favor.
22 Any opposed? So, that recommendation passed.

23 (Ms. Dempsey did not vote)

24 MS. BEAUREGARD: The next
25 recommendation would be that DMS communicate any

1 changes in PE periods or end dates with Connectors.
2 Is that sufficient, Miranda?
3 MS. BROWN: Yeah, I think so.
4 MS. BEAUREGARD: Okay. Can I
5 get a motion?
6 MS. BROWN: Motion.
7 MS. BEAUREGARD: A second?
8 MR. CAMPBELL: Aye.
9 MS. BEAUREGARD: Thank you,
10 Arthur. All in favor.
11 (Ms. Dempsey did not vote)
12 MS. BEAUREGARD: The third
13 recommendation would be that DMS provide DCBS
14 workers and Connectors with talking points on the
15 Public Charge Rule that they can reference when
16 asked questions. Can I get a motion?
17 MR. CAMPBELL: I make that
18 motion.
19 MS. BEAUREGARD: Thank you,
20 Arthur. A second?
21 MS. BROWN: I second.
22 MS. BEAUREGARD: All in favor.
23 Any opposed? Okay. Motion passed.
24 (Ms. Dempsey did not vote)
25 MS. BEAUREGARD: And, then, the

1 final would be that the Social Security number not
2 be a required field on the public-facing PE
3 application.

4 MS. BROWN: And maybe it would
5 be helpful to say the title of the application form.
6 The web form says Medicaid Presumptive Eligibility
7 Application Logging.

8 MS. BEAUREGARD: Medicaid
9 Presumptive Eligibility what was that?

10 MS. BROWN: Application
11 Logging.

12 MS. BEAUREGARD: Application
13 Logging?

14 MS. BROWN: That's what it
15 says.

16 MS. BEAUREGARD: Okay. I just
17 wanted to make sure I heard you right. Okay. So, I
18 will restate this, that the Social Security number
19 not be a required field on the public-facing PE
20 application titled Medicaid Presumptive Eligibility
21 Application Logging. Can I get a motion?

22 MS. BROWN: Motion.

23 MS. BEAUREGARD: Thanks,
24 Miranda. Second?

25 MR. CAMPBELL: Aye.

1 MS. BEAUREGARD: Thanks,
2 Arthur. All in favor. Any opposed? That motion
3 passed.

4 (Ms. Dempsey did not vote)

5 MS. BEAUREGARD: So, we have
6 our four recommendations for the November MAC
7 meeting. Any other recommendations that TAC members
8 want to set forth?

9 The next item on our agenda is
10 the meeting schedule for 2021. If we were to
11 continue with the dates that we have in the current
12 order that we have been using, it's the third
13 Tuesday at 1:30 Eastern Time.

14 That would be February 16th,
15 April 19th, June 15th, August 17th, October 19th and
16 December 21st. Now, I think all of those would work
17 fine. December 21st is pretty close to the
18 holidays. So, we may want to reconsider that
19 particular date. Are there any alternatives that
20 people would prefer?

21 MS. BROWN: I like the idea of
22 just considering that one December date.

23 MS. BEAUREGARD: So, all of the
24 third Tuesdays with the exception of December, and
25 in December, I don't know how this would work,

1 Sharley, with other TACs, but the 14th would be the
2 Tuesday before the 21st.

3 MS. HUGHES: There's not that
4 many TACs that meet in the off month of the MAC.
5 Most of them meet in the same. So, I think you will
6 be fine; but since you all are the first ones
7 scheduling your 2021 dates, if you pick the 14th, if
8 somebody else decides that one if it's the same
9 time, we'll ask them if they can please consider a
10 different date.

11 MS. BEAUREGARD: Okay. Great.
12 Well, then, let's go ahead with that, if that works
13 for everyone. So, that would be February 16th, April
14 19th, June 15th, August 17th, October 19th and December
15 14th at 1:30 p.m. Does somebody want to motion to
16 approve the schedule for 2021?

17 MS. BROWN: Motion.

18 MS. BEAUREGARD: Thanks,
19 Miranda. A second

20 MR. CAMPBELL: Aye.

21 MS. BEAUREGARD: Thanks,
22 Arthur. All in favor.

23 (Ms. Dempsey did not vote)

24 MS. BEAUREGARD: So, we have
25 our schedule for 2021. The last items on the agenda

1 are just upcoming meetings so that everyone is
2 aware. We have a TAC meeting that would have
3 regularly been scheduled for December 15th. We can
4 choose to make that a special meeting and hold it
5 unless folks don't feel like we need it, but I would
6 prefer to go ahead and have it. Okay? It doesn't
7 sound like there's any reason not to at this point.

8 So, I can send Sharley an
9 email to let her know that we'd like to schedule a
10 special meeting for December 15th at 1:30 and, then,
11 the upcoming MAC meeting is on November 19th and
12 that information is on the MAC page as far as
13 logging in to the Zoom call.

14 I don't guess I can ask for
15 any other business before we adjourn since it's a
16 special meeting. So, we can adjourn now. Thank
17 you, everyone, for your time.

18 MEETING ADJOURNED
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